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**CERTIFICATE OF FACSIMILE TRANSMISSION  
UNDER 37 CFR §1.8**

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted on the date indicated below via facsimile to the United States Patent and Trademark Office, facsimile number (571) 273-8300.

Date: June 15, 2006

Brooke French  
Brooke French

In re application of: **Gaul**

Confirmation No.: **9737**

U.S. Serial Number: **09/924,111**

Art Unit: **2611**

Filing Date: **August 7, 2001**

Examiner: **Jones III, Clyde H.**

Our Reference Number: **A-7172 (191910-1900)**

Title: **Interactive Program Guide Configuration System**

**Response to Office Action  
Amendment Transmittal  
Credit Card Authorization Form (Amount: \$800.00)**

**Total Pages Transmitted (including cover sheet) - 25**

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**JUN 15 2006**

<b>AMENDMENT TRANSMITTAL LETTER (LARGE)</b>	Docket No. <b>A-7172 (191910-1900)</b>
Applicant(s): <b>Gaul</b>	

Serial No. <b>09/924,111</b>	Filing Date <b>August 7, 2001</b>	Examiner <b>Jones III, Clyde H.</b>	Confirmation No. <b>9737</b>	Group Art Unit <b>2611</b>
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Invention: **Interactive Program Guide Configuration System**

**Commissioner for Patents  
Mail Stop Amendment  
P.O. Box 1450  
Alexandria VA 22313-1450**

Transmitted herewith is the Response to Office Action in the above-identified application.

The fee has been calculated and is transmitted as shown below

CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	34 -	54 =	0	X \$50.00	\$0
INDEP. CLAIMS	8 -	4 =	4	X \$200.00	\$800.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>				\$360.00	\$0
EXTENSION FEE	1 <sup>ST</sup> MONTH <input type="checkbox"/> \$120.00	2 <sup>ND</sup> MONTH <input type="checkbox"/> \$450.00	3 <sup>RD</sup> MONTH <input type="checkbox"/> \$1,020.00	4 <sup>TH</sup> MONTH <input type="checkbox"/> \$1,590.00	\$0
Other Fees:					\$0
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0

- ☐ No additional fee is required.
- ☐ Please charge Deposit Account No. \_\_\_\_\_ in the amount of \_\_\_\_\_. A duplicate copy of this page is enclosed.
- ☐ A check in the amount of \_\_\_\_\_ to cover the filing fee is enclosed.
- ☒ A Credit Card Payment Form PTO-2038 is attached in the amount of \$800.00.
- ☒ The Director is hereby authorized to charge any deficiencies of the above fees or credit any overpayment to Deposit Account No. 20-0778.

  
Benjamin A. Balser, Reg. No. 58,169

  
Date

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of:

Gaul

Serial No.: 09/924,111

Filed: August 7, 2001

Confirmation No.: 9737

Group Art Unit: 2611

Examiner: Jones III, Clyde H.

Docket No.: A-7172

For: Interactive Program Guide Configuration System

**RESPONSE TO OFFICE ACTION**

Mail Stop: Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

Sir:

The outstanding Office Action mailed March 15, 2006 has been carefully considered. In response thereto, please enter the following amendments in which claims 1, 6, 17, 26, 30, 39, 43, and 51 are amended; and claims 4, 5, 7-9, 24, 25, 27-29, 37, 38, 40-42, 49, 50, and 52-54 are canceled. Claims 1-3, 6, 10-23, 26, 30-36, 39, 43-48, and 51 are now pending in the present application. Reconsideration and allowance of the application and presently pending claims, as amended, are respectfully requested.

***AUTHORIZATION TO DEBIT ACCOUNT***

It is believed that no extensions of time or fees for net addition of claims are required, beyond those which may otherwise be provided for in documents accompanying this paper. However, in the event that additional extensions of time are necessary to allow consideration of this paper, such extensions are hereby petitioned under 37 C.F.R. § 1.136(a), and any fees required therefor (including fees for net addition of claims) are hereby authorized to be charged to deposit account No. 20-0778.

06/16/2006 MBINAS 00000023 09924111

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